FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F97000003257 (9)

AMBASSADOR II, INC. OF CHICAGO

FILED Apr 03 1998 8:00am Secretary of State

 		BLIN (68) (69)

Principal Place of Business Mailing Address											i deidd yllig ylfibl d					
77 W. WACKER DR., #4040 77 W. WACKER DR., #404 CHICAGO IL 60601 CHICAGO IL 60601			D40													
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											3. Date Incorpo					7
								06/20/1997								
2.	Principal P	lace of Busin	ness		2a. Mailing A	ddress					4. FEI Number Applied For					
21		·			26				36-3970	982			lot Applicable			
	Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc.								Additional	1		
22					27				Certificate of	Status Desired	3 LJ	Fee F	Required	Ì		
1	City & Stat	0			City & State				6. Election Carr	npaign Financi	ng	\$5.00	May Be	1		
23					28						Trust Fund C	ontribution		Added	I to Fees	
	Zip		Country	ntry Zip Country				8. This corpora	tion owes ar ha	as paid the	current year Ir	ntangible				
24		25 29 30				30	,				perty Tax due			□ No		
_			and Address		egistered Age	int					10. Name and A	ddress of Ne	w Registe	red Agent		4
ļ			ation syste					B1	Name							1
	_		PINE ISLAND	ROAD				82	Street	Addres	ddress (P.O. Box Number is Not Acceptable)					+
	PL	ANTATION	FL 33324										<u> </u>			
								83								1
ſ								84	City			·		85 Zip	Code	+
									Oity					FL °° ´''	Code	
11	 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. 							bove d by	named the cor	corpor poration	ration submits this n's board of direc	slatement for tors. I hereby a	the purpos accept the	se of changing appointment as	ils registered s registered	7
	-	III leiriilleir W	in, and accept	ine obligation	ns or, section t	007.0005, FI	orida sta	utes						•		1
SI	GNATURE	Signature, lyped	or printed name of re	gistered agent an	nd title if applicable	(NOT	E: Registore	d Age	ni sionature	beruper e	when re histating)		OA.	TF		1.
12				ERS AND D			13.					HANGES TO C	OFFICERS	AND DIRECTO	RS IN 12	1
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	Y-ST-ZIP	CHICAG	O IL 60601				3.4. C									
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		ertify that the	intermation cu	police with the	hie filing door	not gualify fo				od in Se	action 110 07/2)/i\		no I furthe	r portification that	- information	4

Increase definity may me imormation supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Tom Gorsh

3/20/98

312/917-1600